

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509089

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2				1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
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14		1		1		1
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16		1		1		1
17		1		1		1
18	1		1		1	1
19	1		1		1	1
20		1		1		1
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26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30	1		1		1	1
31		1		1		1
32					1	
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TOTAL IND.	4	↓	4	↓	5	↓
TOTAL DEP.	30	←	27	←	27	←
TOTAL CLAIMS	34		31		32	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						